

**Pregnancy Test
Urine**



<i>Patient Name</i>	<i>Inmate Number</i>	<i>Booking Number</i>	<i>Date of Birth</i>	<i>Today's Date</i>
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Date of Test: _____

Results: (circle one)

Pregnant

+

Not Pregnant

-

Staff Name: _____



Women's Health Intake Questionnaire



Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date
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Have you had a pelvic exam in the past 12 months **Yes / No**

If Yes, where did you have this done? _____

When was this done? _____

Have you had a PAP in the last 12 months? **Yes / No**

If Yes, where did you have this done? _____

When was this done? _____

Were you told it was abnormal? _____

When is the last time you have had a breast exam? _____

Do you do self breast exams? **Yes / No**

Do you need education regarding self breast exams? **Yes / No**

Patient Signature _____

Provider Review Signature and Date _____

